

## UTILITY PATENT APPLICATION TRANSMITTAL

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Attorney Docket No. <u>TPIP017</u>

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

## TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of ( ) application identifier or (X) first named inventor, Julius Remenar, entitled <a href="https://python.org/pharmaceurical.com/positions/with-improved-bissolution">PHARMACEUTICAL COMPOSITIONS WITH IMPROVED DISSOLUTION</a>, for a(n):

(X)	Original Patent Application.				
( )	Continuing Application (prior application not abandoned)  ( ) Continuation ( ) Divisional ( )  of prior application No: File  ( ) A statement claiming priority under 35 USC § 1	Continuation-in-part (ed on:	_•		015 U.S. PTO
(X)	This application has been converted from U.S. Application U.S. Application No. 60/426,275 filed on November 14, 2 U.S. Application No. 60/427,086 filed on November 15, 2 U.S. Application No. 60/429,515 filed on November 26, 2 U.S. Application No. 60/437,516 filed on December 30, 20 U.S. Application No. 60/456,027 filed on March 18, 2003	002; and 002; and 002; and	n <u>June 21, 2002</u>	; and	166
Encl Shee	osed are: (X) Specification; <u>109</u> ts.	Total Pages. (	X) Drawing(s)	); <u>55</u>	Total
	( ) Associate Power of Attorney. (	uation/Divisional (37 CF) disclosure of the prior a dered as being part of the herein by reference.  Named in the Prior Appl(X) Return Receipt Poil A Check in the am Information Disclose Against Deposit According	application, from e disclosure of the disclosure	he accompan  FR § 163(d)(2  for the	ying 2)). Filing Fee.
	( ) Other:			, <del></del>	
	PLEASE DO NOT CHARGE	FILING FEE A	AT THIS	TIME.	
Charge \$ to Deposit Account pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit Account.					
Re By	espectfully submitted,  y:	I hereby certify that of Service "Express Ma 37 CFR § 1.10 on the	il Post Office to	o Addressee"	' service under
	ate: June 20, 2003 Direspondence Address: Transform Pharmaceuticals, Inc. 29 Hartwell Avenue	Box I Wash By: accu	~ <del>~ · /</del>	on	ts
	Lexington, MA Phone: 781-674-7852 Fax: 781-863-8914	Typed Name: Jacqui Express Mail Label N Date of Deposit: Jun	No.: EV331911	858US	